

I have a bleeding tendency due to,
Hemophilia (A or B), von Willebrand
disease, other ().

When I am bleeding, I need
replacement therapy with the
appropriate coagulation factor
concentrate by intravenous drip infusion.

Name:

Blood Type: Rh ()

Address:

Tel:

Date of birth:
Day /Month /Year

Other

Enter the emergency contact
information of your family member
etc., in case of an emergency in
'Other' in the above section.